MISSOURI DIVISION OF HEALTH - STANDARD GERTIFICATE OF DEATH Princey Registration District No. 1003 Registrar's No. 60412 Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH b. COUNTYSt. COUNTY e. STATE VS 300 AMENDED Mo. admission) Louis Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Length of stay in 1b Inside Limits TOWN St. Louis TOWN University City Yes. □ No □ c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm HOSPITAL OR **ADDRESS** M INSTITUTION Hamilton Medical Center Yes T No T 632 Geoffrey LANE 24006**3** Yes ☐ No ☐ 3. NAME OF DECEASED Middle First Last 4. DATE Dav Year (Type or print) DEATH Bryan Robles Amv June 9. AGE (last birthday) IF UNDER 1 YEAR | IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married Never Married [7] 8. DATE OF BIRTH Widowed @ Months Hours Divorced [7] -11-1872 female white 10s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) housewille St. Louis Missouri at home 13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE ᅙ Sarah Bryan Frederick Lovell Andred M. Robles 16. SOCIAL SECURITY NO. 17. INFORMANT Address St. Louis Mo. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) I (If yes, give war or dates of servi Roblee 5 Kingston Manor (24) 9 none no ARE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOCUMENT ONSET AND DEATH 10 RECORD IMMEDIATE CAUSE (a) ď 11 NSTEAD Conditions, if any, which gave rise to abova causa (a), Ξ stating the under-13 DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was there a pregnancy in last 90 days. disease condition: given in PART I (a) AMENDMENTS ☐ Unknown 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES | NO IN 20c. TIME OF Month, Day, Year Hour RIBBON INJURY a.m. p.m. STATE 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f, CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK [] *FYPEWRITER* READ 21. I attended the deceased from the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c. DATE SIGNED 22b. ADDRESS (Degree or title) ö 22a, SIGNATURE 3720 Washington 23c. NAME OF CEMETERY OR CREMATORY 23d. TOCATION (City, town, or county) 23a, BURIAL, CREMATION, 23b. DATE Ö. REMOVAL (Specify) St. Louis Missouri Bellefontaine Cemetery 6-10-1963 Burial REGISTRAR'S SIGNATUR 25. DATE RECD. BY LOCAL REG. ITEM 24. FUNERAL DIRECTOR Lupton Chapel Inc. 7233 Delmar Blv'd.

3730 Washington

9.3-1318

Was was entrance *626

18 A Mark Shiller

1

STATEMENT BY LICENSED EMBALMER

If this body is not embalmed, fact should be so stated above.

٠, ٠

Y		<u> </u>	Student Embalmer	No
ing under my per	sonal supervision.	1	**p	In .
ent ·		Signed	arence A	Murray
Sign	nature of Student Embalmer			
green op		The second	Licensed Embalmer (p.	4011
L	mysee the training of the contract of the cont	The second of	\mathcal{A}	Pours 1
	-		P. O. Address	James"